


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Apr 29, 2008 08:00 AM  
Secretary of State**

DOCUMENT # A97000000438	
1. Entity Name SAN ANTONIO TRINITY INVESTMENT, LTD.	

Principal Place of Business 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410	Mailing Address 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0794437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DIVOSTA, GUY M 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

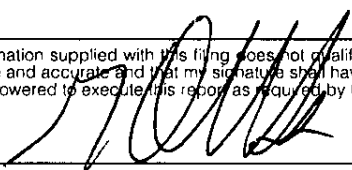
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000015932
NAME	TRINITY TEXAS, INC.
STREET ADDRESS	2523 BURNS ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000991586  
05/22/08-80020-017 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  DATE: 4-23-08 DAYTIME PHONE #: 561-625-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER